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CONFIRMATION NO. 6053

<b>SERIAL NUMBER</b> 10/644,236	<b>FILING OR 371(c) DATE</b> 08/20/2003 <b>RULE</b>	<b>CLASS</b> 382	<b>GROUP ART UNIT</b> 2624	<b>ATTORNEY DOCKET NO.</b> 390086.95401	
<b>APPLICANTS</b> Randall Kenneth Payne, Madison, WI;					
<b>** CONTINUING DATA *****</b> <i>ce</i> <i>NONE</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>ce</i> <i>NONE</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 11/20/2003</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>ce</i> Examiner's Signature <i>ce</i> Initials <i>ce</i>		<b>STATE OR COUNTRY</b> WI	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 23	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 28382					
<b>TITLE</b> Medical imaging system with tissue-selective image sharpening					
<b>FILING FEE RECEIVED</b> 804	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		